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Approved for use through 69/30/2007. DMB 0651-0031

U.S. Patient and Transferank Office. U 5 DEPARMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid DMB control number.

PETITION	FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)		
(Fees	FY 2006 pursuant to the Consolidated Appropriations Act, 20	P17784		
Application Number 10/663,478			Filed September 15, 2003	
For A Method and Apparatus for Managing the Privacy and Disclosure of Location Information				
Art Unit 2135			Examiner Ha, Leynna A	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	
X	One month (37 CFR 1.17(a)(1))	\$120	\$60	s120.00
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	s
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
	Four months (37 CFR 1.17(a)(4))	\$1630	\$815	\$
	Five months (37 CFR 1.17(a)(5))	\$2220	\$1110	s
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
	X attorney or agent of record. Reg	gistration Number _	39,973	_
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34				
/Cynthia Thomas Faatz/			October	26, 2007
Signature			Da	
Cynthia Thomas Faatz			(530) 268-1442	
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				

1018.01 Inscillation of information is required by 37 CFR 1.1366.01 The information is required to obtain or retain a benefit by the public which is to fise (and by the USFTO) or process) an application. Confidentially is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including application, propriating and submitting the completed application from the USFTO. This well vary determined purp the Individual cases. Any other and Tartemas Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrix, VA.22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1450, DesartMay NA. 22310-1450.